MINUTES OF THE
IDAHO STATE BOARD OF PHARMACY
OCTOBER 26 & 27, 2011

HILTON GARDEN INN/SPECTRUM BOISE, IDAHO

This meeting of the Board was held to conduct regular Board business.

Chairman Richard de Blaquiere, Pharm D, called the meeting to order on October 26, 2011 at 8:05 a.m. In attendance were Board members Berk Fraser, R.Ph.; Nicole Chopski, Pharm D; Holly Henggeler, Pharm D; and Mark Johnston, R.Ph., Executive Director; Jenifer Marcus, DAG; Andy Snook, DAG; Jan Atkinson, Senior Compliance Officer; Lisa Culley, Compliance Officer; Mike Brown, Compliance Officer; Gina Knittel, Compliance Officer; and Wendy Hatten.

The minutes of the August 22nd & 23rd, 2011 were reviewed. Dr. Henggeler motioned to approve minutes with minor corrections. Mr. Fraser seconded. The motion carried unanimously.

Mr. Johnston introduced Mr. Tom Nielsen, Account Executive from Appriss who presented the National Precursor Log Exchange (NPLEx LE) reporting system. Mr. Johnston explained that Senator Joyce Broadsword had contacted the Board of Pharmacy requesting assistance in finding a helpful solution for law enforcement regarding smurfing in connection with the purchasing of pseudoephedrine, including across state lines. Mr. Nielsen explained that NAPLEx LE allows on-demand, real-time access to pharmacy logs from across the country via a web site, accessible from any PC with internet connectivity. Additionally NPLEx LE provides automated tools that give law enforcement the ability to monitor suspicious buying patterns and to 'watch' specific individuals who exceed the legal limits imposed by federal or state law. The Board agrees that there should be a tracking source for pseudoephedrine as it is a huge public safety issue. The Board has requested that Senator Broadsword bring legislative language to the Board.

Ms. Atkinson presented a proposal from Chad Jungert, R.Ph, of Irwin Drug to add to his existing pharmacy a compounding room that would be housed in the basement of his building. Due to the unique circumstances surrounding the proposal Ms. Atkinson and Ms. Knittel, referred Mr. Jungert's proposal to the Board. After a lengthy discussion between the Board members, Mr. Jungert and Tony Ellis, Pharmacy Technician, Dr. Chopski motioned to approve the proposal so long as all of the required paperwork was in place. Mr. Fraser seconded the motion. Dr. Henggeler requested that Dr. Chopski amend her motion to add additional security cameras to be installed in the hallway, stairway or anywhere necessary so that there is continuous monitoring from the pharmacy upstairs to the compounding room in the basement. Dr. Chopski amended her motion as requested. The motion carried unanimously.

Dr. de Blaquiere called the meeting to order after a short break.

Tony Bowler, of the Hagerman Business Center presented his request for proposed rule change regarding retail telepharmacy. Mr. Bowler would like to operate a telepharmacy that is not located in a medical care facility and does not utilize an ADS system; therefore, specially trained, remote technicians would have full access to Rx only stock bottles. The Board questioned if Mr. Bowler had a building constructed and a contracted pharmacy. Mr. Bowler replied that he had neither. The Board questioned if Hagerman would qualify as a rural location due to the location of the nearest pharmacies. The Board asked Mr. Bowler to describe the special training that his remote technicians would receive, but Mr. Bowler had not developed such a program yet. The Board asked if Mr. Bowler could establish within a medical care facility, and Mr. Bowler responded that such a facility did not exist in Hagerman. The Board asked why Mr. Bowler's request included an alternative to an ADS system, and Mr. Bowler responded that ADS systems were too costly. The Board declined to champion Mr. Bowler's rule change request, due to public safety concerns that could result from the proposed facility not being located in a medical care facility and not utilizing an ADS system to safeguard drugs.

Mr. Johnston presented the Reciprocity application for Mr. Brad Stoick, R.Ph. Mr. Stoick's application contained information regarding a prior suspension of his pharmacy license due to a felony conviction from the 1980's. Based on the prior suspension and prior Board direction concerning felon applicants, Mr. Stoick's application required review by the Board prior to consideration of licensing. Mr. Stoick was present and clarified for the Board information provided on his application. Mr. Fraser motioned to accept the reciprocity application for consideration of licensing. Dr. Henggeler seconded. The motion passed unanimously.

The Board considered the reciprocity application for Mr. Germon Hill, R.Ph. Mr. Hill was suspended for three days in North Carolina in 2005. As per prior Board direction, his application was reviewed by the Board prior to consideration of licensing. Mr. Germon was not present. Dr. Henggeler motioned to accept the reciprocity application for consideration of licensing. Mr. Fraser seconded. The motion passed 2-1 with Dr. Chopski opposed.

Mr. Snook presented case number BOP 10-223 stipulation and consent order in the matter of Thomas Piepmeyer, R.Ph, involving violations of Idaho Code 54-1726(a)&(f), and rule 184.04, for the misfilling of a prescription. Mr. Fraser recused himself. Mr. Piepmeyer has retired from the practice of pharmacy in the State of Idaho, and chose not to renew his pharmacist license or controlled substance registration. As a result both Mr. Piepmeyer's pharmacist license and controlled substance registration have lapsed, and Mr. Pipemeyer shall be required to apply for reinstatement in order to practice pharmacy in the State of Idaho in the future. The stipulated agreement requires that upon any application for reinstatement Mr. Piepmeyer shall pay to the Board an administrative fine in the amount of $500.00, and provide proof of having completed a continuing education prescription misfills course with a minimum of 6 credit hours that has been approved in advance by the Board. Dr. Chopski motioned to accept the stipulation as written. Dr. Henggeler seconded. The motion passed unanimously.

Mr. Snook presented case number BOP 11-052 stipulation and consent order in the matter of Benjamin Cook, Pharm D, involving violations of Idaho Code 54-1726(a)&(f), Idaho Code 37-2718(a)(4) and rules 184.07 & 184.08, for diversion of Phentermine. Mr. Fraser recused himself. The stipulated agreement suspends Dr. Cook's registration for twelve (12) months beginning on April 28, 2011. During the suspension period Dr. Cook shall not practice pharmacy in the State of Idaho and shall maintain complete compliance with all the terms and conditions of his pharmacy recovery network (PRN) contract that is administered by Southworth Associates. Upon receipt of proof of full compliance with all the terms of the stipulation and consent order, Dr. Cook shall be fully reinstated to a non-conditioned status without further proceedings. Dr. Chopski motioned to accept the stipulation and consent order as written. Dr. Henggeler seconded. The motion passed unanimously.

Mr. Snook presented case number BOP 11-059 stipulation and consent order in the matter of Edward Newcombe M.D., involving violations of Idaho Code 37-2720, 3727-18(a)(4), and rule 496, for failing to maintain proper controlled substance inventories and records. Dr. Newcombe shall not order, handle, administer, dispense, store or maintain any controlled substance, including samples, in his office, home, automobile or any similar area for a minimum of two (2) years. Following one (1) year of continuous compliance with the terms of the stipulation and consent order Dr. Newcombe may petition the Board for modification of the stipulation and consent order or for reinstatement of his controlled substance registration to a non-conditioned status. Dr. Chopski inquired as to how compliance will be monitored. The Board has DEA reporting tools available to assist in monitoring compliance. Dr. de Blaquiere inquired if the Board of Medicine is acting on any of the violations. The Board of Medicine will be notified once the Board accepts the stipulation and consent order. Dr. Henggeler motioned to accept the stipulation and consent order as written. Mr. Fraser seconded. The motion passed unanimously.

Mr. Johnston presented the travel calendar. Mr. Johnston attended the NACDS Conference on Technology in Boston, MA in August. Mr. Johnston and Mr. Fraser attended the NABP District meeting in Seattle, WA in October. Mr. Johnston and Ms. Marcus will attend the ASPL Fall Meeting in St Petersburg, FL, in November, and Ms. Atkinson will attend the NABP Interactive Compliance Officer forum in Chicago, IL, in December. Scheduled travel for 2012 includes Mr. Johnston attending the APHA meeting in New

Orleans, LA in March. Mr. Johnston, and tentatively Dr. Henggeler and Mr. Fraser will be attending the Annual NABP meeting in Philadelphia, PA in May.

Mr. Johnston would like to apply for nomination for a District Executive Committee Member position with NABP. The election will be held at the Annual NABP meeting in May. This will require Mr. Johnston to attend approximately four (4) additional annual meetings. NABP would cover the associated cost for this designation. Dennis McAllister, Director of Regulatory Affairs for Medco Health Solutions and Mr. Fraser both commented positively regarding the benefits such a designation could provide for the Idaho State Board of Pharmacy. If nominated, the Board members are in support of Mr. Johnston accepting the nomination and/or position.

Mr. Johnston and the Board members scheduled Board meeting dates to be held in 2012, including January 26th in Boise, April 5th in Pocatello, May 31st in Coeur d Alene, August 21st for a whole day and August 22nd for a ½ day, in Boise. There may be an additional meeting in July, and an October meeting date is yet to be determined.

Dr. de Blaquiere called the meeting to order after a lunch break.

Mr. Snook represented the Board in the matter of Ms. Debra Phillips, R.Ph. regarding an administrative complaint due to the results of a random audit/verification of continuing education (CE) credits for two (2) reporting periods, July 1 2008 through June 30, 2009 and July 1, 2009 through June 30, 2010. To date, documentation provided by Ms. Phillips evidenced that she had not completed the required amount of CE credits for either reporting period. Ms. Phillips participated in the hearing via telephone without legal representation. After carefully reviewing and considering testimony from Ms. Phillips, Ms. Atkinson and Dr. Paul Cady, Dean of the College of Pharmacy at Idaho State University, Dr. Henggeler motioned that in addition to the standard policy of completing double the missing CE credits and paying a $50.00 fine per missing CE, Ms. Phillips must also submit proof of required CE credits for the next five (5) years upon application for license renewal. Mr. Fraser seconded for discussion and possible amendment. Dr. Chopski and Mr. Fraser clarified that nine and one half (9.5) CE credits obtained this year could not be used as part of the doubled CE credits requirement but could be used towards the current year CE credit requirements. Mr. Fraser asked Dr. Henggeler to amend her motion to not accept two (2) of the CE credits that did not have Ms. Phillips name indicated on them. Dr. Henggeler agreed to amend her motion as such. Ms. Marcus summarized the motion before the Board. Ms. Phillips must complete and provide proof of the completion of 36 CE credits in compliance with rule 134, within 60 days of the hearing (December 25, 2011) ("Deadline"), pay a Board penalty of $900.00 by the deadline, and submit to the Board proof of completion of the required CE credits every year for the next five (5) years in conjunction with Ms. Phillips annual pharmacy license renewal. If Ms. Phillips can provide proof of the missing CE credits they will be accepted in lieu of completing the 36 CE credits. Dr. Henggeler motioned to accept the motion as summarized by Ms. Marcus. Mr. Fraser seconded. Vote: all in favor.

Dr. de Blaquiere called for Public Comment. There was no public comment.

Mr. Johnston continued the discussion on Rule 177 (Limited Service Pharmacies) from the prior Board meeting in August, as the Board tabled that discussion until Mr. Johnston could research the impact of the Board's limited service pharmacy registration category on manufacturer's preferred pricing and until Mr. Johnston could obtain input from other Idaho registered limited service pharmacies. For the record Dr. Chopski inquired if Mike Merrill and Jason Bailey were invited to attend today's session. Mr. Johnston indicated that they were invited and were not in attendance. Mr. Johnston's study resulted in assurances that the Board's limited service pharmacy registration has no bearing on a pharmacy receiving preferred pricing. Mr. Johnston also held a conference call of several limited service pharmacy, pharmacists in charge, as instructed. The original request was for the Board to establish a demarcation line for limited service pharmacies of institutional patients only. After much Board discussion considering options presented by Mr. Johnston and comments from Reece Christensen, President/CEO of Pharmease, the Board developed the following policy statement concerning the types of orders that a limited service pharmacy can dispense: Drug orders for institutionalized patients and prescription drug orders for those

who likely would be institutionalized without receiving the added benefits typically provided by a limited service pharmacy.

Dr. de Blaquiere called the meeting to order after a short break.

Dr. de Blaquiere called for public comment. There was no public comment.

Michelle Doornbos, ISU Pharm D candidate, publically commented on 23 rules, presenting proposed language on each. The Board thanked Ms. Doornbos and explained that her comment would be discussed the following day.

Mr. Christiansen presented public comment regarding rule 503: Prescription Delivery Restrictions, which mimicked 8 other pieces of public comment. Mr. Christensen and the others who commented would like the board to allow delivery of filled prescriptions to a patient's licensed or registered health care provider. The Board thanked Mr. Christensen and explained that his comment would be discussed the following day.

Dr. de Blaquiere asked Mr. Johnston to lead the agenda topic entitled legislation review. Mr. Johnston reported that the legislative idea form and draft language that updates the schedules of controlled substances remains unchanged from the last meeting, as does the proposal concerning the prescription monitoring program, but that Mr. Johnston would like to strike HCG from the list of controlled substances in Idaho. After much discussion, the Board directed Mr. Johnston to seek such an amendment to the Board's proposed legislation.

Glenn Luke presented the Board's financial report for the Board office:

- Comparisons of budget to expenses indicate that 30% of the fiscal year is completed and 31% of the budget has been used.
- The Customer Service Representative 1 position that was requested in the original budget appropriation for fiscal year 2013 in the amount of $37,800.00 has been removed.
- Fall renewal notices were mailed out on October 24, 2011.

Mr. Fraser motioned to adjourn. Dr. Henggeler seconded. All were in favor. Meeting ended at 5:06 p.m.

October 27, 2011

Chairman Richard de Blaquiere, Pharm D, called the meeting to order on October 27, 2011 at 8:06 a.m. In attendance were Board members Berk Fraser, R.Ph.; Nicole Chopski, Pharm D; Holly Henggeler, Pharm D; and Mark Johnston, R.Ph., Executive Director; Jenifer Marcus, DAG; Andy Snook, DAG; Fred Collings, Chief Investigator; Jan Atkinson, Senior Compliance Officer; Lisa Culley, Compliance Officer; Mike Brown, Compliance Officer; Gina Knittel, Compliance Officer; and Wendy Hatten.

The Board took time to read last minute public comment. Written public comment not presented verbally on 10/25/11 during the open, public Board meeting included the following;

- Nancy Kerr, Executive Director of the Board of Medicine, dated October 11, 2011
- Karen Ewing, Executive Director of the Board of Veterinary Medicine, dated October 26, 2011
- Jean Uranga, of Uranga & Uranga Attorneys At Law, dated October 26, 2011
- Dr. Leslie Stone, of Northgate Veterinary Hospital, not dated but received October 20, 2011
- Vicki Smith, Executive Director of the Idaho Veterinary Medical Association, dated October 25, 2011

- Shane Bengoechea, Attorney at Law of Bengoechea Law Office, dated October 20, 2011
- Sandy Evans, Executive Director of the Idaho Board of Nursing, dated October 25, 2011
- American Society of Health-System Pharmacist, no date but received October 26, 2011
- Karen Noonan, Director of State Affairs & Grassroots Advocacy of the American Society of Health-System Pharmacist, dated October 26, 2011
- Martin Erikson III, R.Ph., Director of Professional Services & Regulatory Affairs for Gallipot, dated September 20, 2011
- Ryan Bush, Legislative Research Analyst, dated October 26, 2011

After much debate, the Board approved the following changes, which constitute the Board's changes from proposed to pending rules, except for considering the Board of Medicine's public comment, which will take place via a future, open, public comment, conference call meeting of the Board after Mr. Johnston meets with the Board of Medicine to clarify their public comment.

010. DEFINITIONS AND ABBREVIATIONS (A -- I).

28. Flavoring Agent. An additive used in food or drugs when the additive is used in accordance with the principles of good pharmacy practices and in the minimum quantity required to produce its intended effect.~~:~~ ( )

~~**a.** Is used in accordance with the principles of good pharmacy practices and in the minimum quantity required to produce its intended effect; ( )~~

~~**b.** Consists of one or more ingredients generally recognized as safe in food and drugs;( )~~

~~**c.** Is not greater than five percent (5%) of the total weight of the product. ( )~~

31. Hospital System. A hospital or hospitals and at least one (1) on-site institutional pharmacy under common ownership. A hospital system may also include ~~a hospital or hospitals and~~ one (1) or more COE pharmacies under common ownership. ( )

011. DEFINITIONS AND ABBREVIATIONS (J -- R).

09. Pharmaceutical Care Services. A broad range of pharmacist-provided cognitive services, activities and responsibilities intended to optimize drug-related therapeutic outcomes for patients. Pharmaceutical care services may be performed independent of, or concurrently with, the dispensing or administration of a drug or device and encompasses services provided by way of ~~MTM~~DTM under a collaborative practice agreement, pharmacotherapy, clinical pharmacy practice, pharmacist independent practice, and ~~DTM under a collaborative practice agreement~~ MTM. Pharmaceutical care services are not limited to, but may include one (1) or more of the following, according to the individual needs of the patient: ( )

a. Performing or obtaining necessary assessments of the patient's health status; ( )

b. Reviewing, analyzing, evaluating, formulating or providing a drug utilization or treatment plan; ( )

c. Monitoring and evaluating the patient's response to therapy, including safety and effectiveness; ( )

d. Performing a comprehensive drug review to identify, resolve, and prevent drug-related problems, including adverse drug events; ( )

e. Documenting the care delivered; ( )

f. Communicating essential information or referring the patient to other care providers when necessary or appropriate; ( )

g. Providing counseling education, information, support services, and resources applicable to a drug, disease state, or a related condition or designed to enhance patient compliance with therapeutic regimens; ( )

h. Conducting a drug therapy review consultation with the patient or caregiver; ( )

i. Preparing or providing information as part of a personal health record; ( )

j. Identifying processes to improve continuity of care and patient outcomes; ( )

k. Providing consultative drug-related intervention and referral services; ( )

l. Coordinating and integrating pharmaceutical care services within the broader health care management services being provided to the patient; and ( )

m. Other services as allowed by law. ( )

013. WAIVERS OR VARIANCES.

05. ~~Administrative Deadlines~~Prohibited Requests. A waiver or variance request that is in any manner contrary to federal law, Idaho Code, or that seeks to delay~~s~~ or cancel~~s~~ an administrative deadline will not be considered or granted by the Board.

016. BOARD OF PHARMACY LICENSURE AND REGISTRATION.

The Board is responsible for the control and regulation of the practice of pharmacy in or into the state of Idaho, which includes the licensure or registration of professional, supportive, and ancillary personnel who engage in or support the practice. The Board is also responsible for the control, regulation, and registration of persons or drug outlets that manufacture, distribute, or dispense controlled substances within or into the state. Licenses or registrations required by state or federal law, or both, must be obtained prior to engaging in these practices or their supportive functions. ( )

01. Pharmacy Practice Act Licenses and Registrations. The Board will issue or renew a license or a certificate of registration upon application and determination that the applicant has satisfied the requirements of the Idaho Pharmacy Act and any additional criteria specified by these rules for the license or registration classification. Licenses and certificates of registration issued pursuant to Title 54, Chapter 17, Idaho Code, expire annually on June 30 unless an alternate expiration term or date is specifically stated in these rules. ( )

02. Idaho Controlled Substances Act Registrations. The Board will issue or renew controlled substance registrations upon application and determination that the applicant has satisfied the requirements of the Idaho Controlled Substances Act and any additional criteria specified by state or federal law applicable to applicants that manufacture, distribute, or dispense, or conduct research with, controlled substances. Registrations issued pursuant to Title 37, Chapter 27, Idaho Code, expire annually on June 30 for pharmacists and on December 31 for all other registrants. ( )

a. Unless a wholesaler, an applicant for an Idaho controlled substance registration must hold a valid, unrestricted Idaho license to prescribe, dispense, or administer controlled substances and, unless a pharmacist or certified euthanasia technician, a valid federal DEA registration. If a required license or registration is cancelled or otherwise invalidated by the issuing agency, the Idaho controlled substance registration will be correspondingly cancelled. ( )

b. A registrant engaging in more than one (1) group of independent activities, as defined by federal law, must obtain a separate Idaho controlled substance registration for each group of activities if not exempted from separate DEA registration by federal law. ( )

020. BOARD FEES.

03. Fee for Dishonored Payment. A reasonable administrative fee may be charged for a dishonored check or other form of payment. If a license or registration application has been approved or renewed by the Board and payment is subsequently dishonored, the approval or renewal is immediately ~~revoked~~ cancelled on the basis of the submission of an incomplete application. The board may require subsequent payments to be made by cashier's check, money order, or other form of guaranteed funds.

04. Overpayment of Fees. "Overpayment" refers to the payment of any fee in excess of the required amount. Refunds issued will be reduced by a reasonable processing fee ~~that will not exceed one hundred dollars ($100)~~.

021. FEE SCHEDULE.

03. Certificates of Registration and Licensure - Facilities. ( )

a. Retail pharmacy - registration or annual renewal: one hundred dollars ($100). ( )

b. Institutional facility - registration or annual renewal. ( )

i. Hospital pharmacy: one hundred dollars ($100). ( )

ii. Nursing home: thirty-five dollars ($35). ( )

iii. Hospital without a pharmacy: thirty-five dollars ($35). ( )

c. Manufacturer (including a repackager that is a manufacturer's authorized distributor of record) - registration or annual renewal: one hundred dollars ($100). ( )

d. Wholesaler. ( )

i. License or annual renewal: one hundred thirty dollars ($130); or ( )

ii. Registration or annual renewal: one hundred dollars ($100). ( )

e. Veterinary drug outlet - registration or annual renewal: one hundred dollars ($100).( )

f. Telepharmacy across state lines - registration or annual renewal: one hundred dollars ($100).( )

g. Mail service pharmacy. ( )

i. Initial license: five hundred dollars ($500). ( )

ii. License annual renewal: two hundred fifty dollars ($250). ( )

h. Limited service outlet - registration or annual renewal. ( )

i. Limited service ~~pharmacy~~ outlet, if not listed: one hundred dollars ($100). ( )

ii. Parenteral admixture pharmacy: one hundred dollars ($100). ( )

iii. Remote dispensing pharmacy: one hundred dollars ($100). ( )

iv. Facility operating a narcotic treatment program: one hundred dollars ($100). ( )

v. Durable medical equipment outlet: fifty dollars ($50). ( )

vi. Prescriber drug outlet: thirty five dollars ($35). ( )

i. Analytical or research lab – registration or annual renewal: forty dollars ($40). ( )

j. Retail non-pharmacy outlets - registration or annual renewal. ( )

i. "A" (Stocks more than fifty (50) drug items): sixty dollars ($60). ( )

ii. "B" (Stocks fifty (50) or fewer drug items): twenty-five dollars ($25). ( )

iii. "V" (Vending machines): ten dollars ($10) per machine. ( )

k. Supplemental facility registrations or annual renewals. ( )

i. Laminar flow or other hood, biological safety cabinet, or barrier isolator – single registration required for one (1) or more hoods: no charge. ( )

ii. ADS system – single registration required for one (1) or more systems: no charge. ( )

l. Reinstatement: one-half (1/2) the amount of the annual fee. ( )

05. Administrative Services and Publications. ( )

a. Experiential hours certification: twenty-five dollars ($25). ( )

~~**b.** Controlled substance inventory book: fifteen dollars ($15). ( )~~

~~c~~b. Duplicate pharmacist certificate of licensure: thirty-five dollars ($35). ( )

~~d~~c. Duplicate registration or license card: ten dollars ($10). ( )

~~e~~d. Commercial lists. ( )

i. Pharmacy list: fifty dollars ($50). ( )

ii. Pharmacist list: fifty dollars ($50). ( )

iii. Controlled Substances Act ("CSA") registrant list: one hundred fifty dollars ($150). ( )

~~f~~e. Official Idaho Register: fifteen dollars ($15). ( )

~~g~~f. Idaho Pharmacy Laws and Rules book: thirty-five dollars ($35). ( )

~~h~~g. Hearing transcript: five dollars ($5) per page. ( )

030. PHARMACIST LICENSURE BY EXAMINATION – ACCREDITED SCHOOL OR COLLEGE OF PHARMACY GRADUATES.
To be considered for licensure, a graduate of an accredited school or college of pharmacy within the United States must satisfy the requirements of Section 54-1722(1)(a) through (e), Idaho Code, and submit to the Board an ~~complete~~ application for licensure by examination. ( )

040. CERTIFIED PHARMACY TECHNICIAN REGISTRATION.
To be approved for registration as a certified pharmacy technician, a person must satisfy the following requirements: ( )

042. PHARMACY TECHNICIAN CERTIFICATION – CONTINUOUS EMPLOYMENT EXEMPTION.
A technician registered with the Board and employed as a technician on June 30, 2009, is not required to obtain or maintain certification as a condition of registration renewal after June 30, 2009, as long as the registrant remains continuously employed as a technician by the same employer. If a registrant that qualifies for this exemption disrupts continuous employment as a technician with one employer, the technician registration will correspondingly terminate on the date of employment termination. The person must thereafter satisfy the certified pharmacy technician registration requirements of these rules to be lawfully employed as, or otherwise perform the duties of, a technician. ( )

100. ELECTRONIC RECORDKEEPING SYSTEM.
Unless specifically exempted by these rules, an electronic recordkeeping system must be used to establish and store patient medication records and prescription drug order, refill, and transfer information.( )

05. System Downtime. Pharmacies ~~must have an~~ may use handwritten records or another auxiliary procedure for documentation of refills of prescription drug orders in the event ~~of a~~the system ~~downtime~~becomes inoperative while the pharmacy is open that ensures: ( )

a. ~~That r~~Refills are authorized by the original prescription drug order; ( )

b. If a controlled substance, ~~That~~ the maximum number of refills is not exceeded; and ( )

c. ~~That t~~The required data is retained for ~~data~~ entry ~~as soon as~~into the system within ninety-six (96) hours after the electronic recordkeeping system is restored. ( )

d. Nothing in this subsection precludes a pharmacist from exercising professional judgment in the issuance of an emergency prescription refill, pursuant to these rules, for the benefit of a patient's health or safety. ( )

102. ELECTRONIC RECORDKEEPING SYSTEM – PRESCRIPTION DRUG ORDER INFORMATION.

01. Original Prescription Drug Order Information. For each original prescription drug order, the information entered into the electronic recordkeeping system must include at least the following: ( )

a. The serial number, if any; ( )

b. The date of issuance; ( )

c. The date filled; ( )

d. The identity of each ~~pharmacist~~ individual involved in or, alternatively, the pharmacist ultimately responsible for its processing, filling, or dispensing; ( )

e. The drug name, strength, dosage form, quantity prescribed (and quantity dispensed if different from the quantity prescribed); ( )

f. The directions for use; ( )

g. The total number of refills authorized by the prescriber, if applicable; ( )

h. The name of the prescriber; and ( )

i. For controlled substances, the prescriber's address and DEA registration number. ( )

119. PRESCRIPTION DRUG ORDER – RETENTION, INSPECTION, AND COPYING.

01. ~~**Prescriber Inspection**~~**Prescription Retention**. A prescription drug order must be retained in a readily retrievable manner, in the paper or electronic form issued, and must be made available for inspection by the issuing prescriber upon request. ( )

135. DRUG PRODUCT FLAVORING.
A flavoring agent may be added to a drug product at the discretion of a pharmacist or upon request by the prescriber, the patient, or the patient's agent. ( )

140. STANDARD PRESCRIPTION DRUG LABELING.
Unless otherwise directed by these rules, a prescription drug must be dispensed in an appropriate container that bears the following information: ( )

01. Dispenser Information. The name, address, and telephone number of the dispenser (person or business); ( )

02. Prescription Number. The prescription serial number; ( )

03. Date. The date the prescription is filled; ( )

04. Prescriber. The name of the prescriber; ( )

05. Patient. The name of the patient, and if the patient is an animal, the species; ( )

06. Drug Name and Strength. Unless otherwise directed by the prescriber, the name and strength of the drug (the generic name and its manufacturer's name or the brand name);( )

07. Quantity. The quantity of item dispensed; ( )

08. Directions. The directions for use; ( )

09. Cautionary Information. Cautionary information as required or deemed appropriate for proper use and patient safety; ( )

10. Expiration. An expiration date that is the lesser of: ( )

a. One (1) year from the date of dispensing; ( )

b. The manufacturer's original expiration date; ( )

c. The appropriate expiration date for a reconstituted suspension or beyond use date for a compounded product; or ( )

d. A shorter period if warranted; ~~and~~ ( )

11. Refills. The number of refills remaining, if any, or the last date through which the prescription is refillable~~.~~; and ( )

12. Warning. "Caution: State or federal law, or both, prohibits the transfer of this drug to any person other than the patient for whom it was prescribed."

141. INSTITUTIONAL FACILITY – DRUG LABELING.

01. Labeling for Patient Use While in the Facility. Except if dispensed in unit dose packaging, a drug dispensed for patient use while in ~~an institutional facility~~ a hospital must be dispensed in an appropriate container that bears at least the following information: ( )

200. CONTROLLED SUBSTANCES – POSITIVE IDENTIFICATION REQUIRED.
A potential recipient of a ~~filled~~ controlled substance ~~prescription~~ must first be positively identified or the controlled substance must not be dispensed. ( )

01. Positive Identification Presumed. Positive identification is presumed and presentation of identification is not required if dispensing directly to the patient and if:

a. The ~~prescription~~ controlled substance will be paid for, in whole or in part, by an insurer; or( )

b. The ~~pharmacy~~ dispenser is part of the institutional facility where the patient is being treated. ( )

02. Personal Identification. Presentation of identification is also not required if the individual receiving the controlled substance is personally and positively known by a pharmacy or prescriber drug outlet staff member who is present and identifies the individual and the personal identification is documented by recording: ( )

a. The recipient's name (if other than the patient); ( )

b. A notation indicating that the recipient was known to the ~~pharmacy~~ staff member; and( )

c. The identity of the ~~pharmacy~~ staff member making the personal identification. ( )

03. Acceptable Identification. The identification presented must include an unaltered photograph and signature and acceptable forms include a valid state or military driver's license or identification card and a valid passport.

04. Identification Documentation. Documentation of the recipient's identification must be permanently linked to the record of the dispensed ~~prescription~~ controlled substance and must include: ( )

a. A copy of the identification presented; or ( )

b. A record that includes: ( )

i. The recipient's name; ( )

ii. A notation of the type of identification presented; ( )

iii. The state, military branch, or other government entity that issued the identification; and( )

iv. The identification number of the driver's license, identification card, or passport. ( )

203. CONTROLLED SUBSTANCES – PRESCRIBER RESTRICTIONS ~~ADMINISTRATION AND DELIVERY~~.

Prescribing, administering, dispensing, or delivering a controlled substance for oneself or, when contrary to the prescriber's scope of practice or prescriptive authority, ~~prescribing, dispensing, administering, or delivering a controlled substance~~ to an immediate family member ~~when contrary to the prescriber's scope of practice or prescriptive authority~~ is prohibited. ( )

230. INVESTIGATIONAL DRUGS.

I investigational drugs must be properly labeled and administered only under the supervision of a principal physician-investigator or an authorized clinician. ( )

~~**01. Administration of Investigational Drugs**. Nurses may administer investigational drugs only after completion of appropriate education and training by the clinician on relevant pharmacologic information about investigational drugs. ( )~~

~~**02. Information on Investigational Drugs**. Essential information resources regarding investigational drugs must be readily available. ( )~~

231. – 239. (RESERVED).

240. STERILE PRODUCT PREPARATION.

01. Environmental Controls. Except when prepared for immediate administration, ~~T~~the environment for the preparation of sterile products in a drug outlet must be in an isolated area, designed to avoid unnecessary traffic and airflow disturbances, and equipped to accommodate aseptic techniques and conditions. ( )

a. Hoods and aseptic environmental control devices must be certified for operational efficiency as often as recommended by the manufacturer or at least every twelve (12) months or if relocated. ( )

b. Prefilters must be inspected and replaced in accordance with the mmanufacturer's recommendations. ( )

263. CONTROLLED SUBSTANCE DISPOSAL.

A controlled substance registrant must dispose of expired, excess, or unwanted controlled substances through the services of a DEA-registered reverse distributor or by another method permitted by federal law. ( )

~~263. –~~ 264. (RESERVED).

290. ADS SYSTEM – MINIMUM STANDARDS.

This rule establishes the minimum standards for the use of an ADS system to dispense and store drugs and devices. ( )

03. System Access, Monitoring, and Control. Access to the ADS system must be monitored and controlled as follows:

a. Proper identification controls, including electronic passwords or other coded identification, must be utilized and access control must be limited and authorized by the prescriber, PIC, or director;( )

b. The prescriber, PIC, or director must be able to stop or change access at any time;( )

c. The prescriber, PIC, or director must maintain a current and immediately retrievable list of persons who have access and the limits of that access; ~~and~~ ( )

d. Review of user access reports must be conducted periodically to ensure that access by persons no longer employed has been appropriately disabled~~.~~; and ( )

e. Access for maintenance or repair must be pre-approved by the prescriber, PIC, or director and must be performed under the continuous supervision of a person with appropriate access authorization.

320. PHARMACIST INDEPENDENT PRACTICE.
An Idaho-licensed pharmacist may provide pharmaceutical care services outside of a pharmacy or institutional facility, including across state lines, if the following conditions are met: ( )

01. Access to Relevant Information. The pharmacist has access to prescription drug order records, patient profiles, or other relevant medical information and appropriately reviews the information;( )

02. Information Protected from Unauthorized Use. Access to the information required by these rules is protected from unauthorized access and use; and ( )

03. Records Maintained in Electronic Recordkeeping System. The pharmacist maintains the records or other patient-specific information created, collected, or used in an electronic recordkeeping system that complies with the requirements of these rules. ( )

503. PRESCRIPTION DELIVERY RESTRICTIONS.
A pharmacist must not participate in any arrangement or agreement whereby filled prescriptions may be left at, picked up from, accepted by, or delivered to any place of business not registered as a pharmacy except that a pharmacist or a pharmacy, by means of its agent, may deliver filled prescriptions to the patient, the patient's residence, ~~or to~~ the hospital or other institutional facility in which the patient is convalescing, or if a non-controlled substance, to the patient's licensed or registered healthcare provider.( )

605. PHARMACY SECURITY.

02. Non-Institutional Pharmacy Security During Pharmacist Absence. A non-institutional pharmacy must be closed for business and secured during all times a pharmacist is not present except for ~~temporary~~brief ~~-~~pharmacist absences ~~for on-premises rest breaks~~ within the business establishment or to perform professional services in the peripheral areas immediately outside of the pharmacy. ( )

712. RETAIL TELEPHARMACY WITH REMOTE DISPENSING SITES – POLICIES AND PROCEDURES.
A supervising pharmacy commencing telepharmacy operations with a remote dispensing site ~~after August 23, 2011,~~ must adopt policies and procedures that address each of the following areas prior to engaging in the practice of telepharmacy. ( )

A break was called due to Mr. Johnston being called into an emergency meeting with the District Attorney General Office, regarding a controlled substance registration issue.

Dr. de Blaquiere called the meeting back to order after a lunch break.

Dr. Chopski motioned to adjourn. Dr. Henggeler seconded. All were in favor.

The meeting ended at 1:23 p.m.